MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)

SERIAL NO. 532483

FILING DATE 12-13-99

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1						61							
2							62							
3							63							
4							64							
6							66							
6							66							
7							67							
8							68							
9							60							
10							60							
11							61							
12							62							
13							63							
14							64							
16							65							
16							66							
17							67							
18							68							
19							69							
20							70							
21							71							
22							72							
23							73							
24							74							
25							76							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
36							86							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
46							86							
46							86							
47							97							
48							98							
49							99							
60							100							
TOTAL IND.	7						TOTAL IND.							
TOTAL DEP.	12						TOTAL DEP.							

19